FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Perimeter PAC 124 Washington Street ADDRESS (number and street) Suite 101 (Check if address is changed) Foxboro 02035 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS LPaulson@vlpc.com (Check if address is changed) Optional Second E-Mail Address Idenietolis@vlpc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 26 2017 C00544254 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lowey, Keith, D.,, Type or Print Name of Treasurer Lowey, Keith, D.,, [Electronically Filed] 06 03 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

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